This UCC-4 STATEMENT is presented for filing pursuant to the W		13. Office use only (Filing - Date, Time, Number, etc.)
1. Debtor (Legal Name Of Entity Or Last Name Of Individual) GARDEN VALLEY COOPERATIVE	First Name Middle Initia	UCC# 544
1A. Mailing Address	344.0	STATE OF WISCONSIN)
WAUMANDEE RURAL STATION		ss.
1B. City, State, Zip Code	1C. Social Security or Federal Tax ID No	Received this 3 day o
WAUMANDEE WI 54622	39-0298110	april A.D. 1992 at8:00
2. Additional Debtor (If Any) (Legal Name Of Entity Or Last Name Of Individual)	First Name Middle Initia	o'clock A M and recorded in Vol
2A. Mailing Address	1.7.	580f RRM
20.21		on page 630
2B. City, State, Zip Code	2C. Social Security or Federal Tax ID No	
3. Additional Debtor (If Any) (Legal Name Of Entity Or Last Name Of Individual)	First Name Middle Initia	Department of Financial Institutions
3A. Mailing Address		
		1406
3B. City, State, Zip Code	3C. Social Security or Federal Tax ID No	SUBMITTER ACCOUNT NUMBER For use only with Secretary of State - insert assigned number, if any).
4. Secured Party of Record		15. The secondary of Sales subset assigned number, if any).
Name ST. PAUL BANK FOR COOPE	RATIVES	Sign of
Mailing Address 375 JACKSON STREET		
City, State, Zip Code ST. PAUL, MINNESOTA 55	101-1849	
VOL. 5	7/RRM, P. 698	
5. This statement refers to ORIGINAL Financing Statement No (P	RM) dated MARCH 5	¹⁹ <u>93</u>
Secretary of State OR Register of Deeds for	Cpunty.	
No. of additional sheets(Attaching additional pages require	es non-standard fee.)	<u> </u>
A description of the collateral subject to the as	name or address of either party. al described in number 12. ty interest under the Financing Statement. Financing Statement have been assigned to the signment is also set forth in number 12.	
Burlington Northern Railroad Co		
		·
15 *Continuing Purinces Polisianship* - de C 400 4044490 MC - O		
 "Continuing Business Relationship" under S.409.404(1)(C) Wis. Stats. e Debtor Signature Necessary Only For Amendment. See number 7. 	xists if checked [] 17. NOT VALID UNTIL	SIGNED BY SECURED PARTY OF RECORD
. ,	ST. PAUL	BANK FOR COOPERATIVES
NAME OF DEBTOR (IF ENTITY)		AME OF SECURED PARTY OF RECORD
Ву:		5 P1
SIGNATURE - TITLE	By: //(a)	WMW Lound SR VP - CREDIT
SIGNATURE OF INDIVIDUAL DEBTOR	Sic	SNATURE OF SECURED PARTY OF RECORD - TITLE 03/21/97 OR ITS REPRESENTATIVE
SIGNATURE OF INDIVIDUAL DEBTOR		
SIGNATI IDE OF INIDIA/IDI IAI DEDTOR		
SIGNATURE OF INDIVIDUAL DEBTOR	18. RETURN COPIES TO:	19. BARBARA RAFFERTY
Name		CONTACT PERSON
Address ST.	PAUL BANK FOR COOPERA	**************************************
And Zip 373	JACKSON STREET	PHONE NUMBER
51.	PAUL, MN 55101	1